

Work Readiness Screening

Date: _____ Social Security Number: _____

Name: _____ Date of Birth: _____ Age: _____

Address: _____ Phone #: _____

Employment goals: _____

Number of jobs in the past 12 months: _____ Highest Wage: _____

Why did you leave your last job? _____

What kinds of tasks (past or present) have you done on your jobs? _____

What is keeping you from working now? _____

What kind of work do you like to do? _____

Describe any major health concerns: _____

Do you have a High School diploma or GED? _____

Are you currently in school or training? _____

Is your living situation stable? _____

Are you working with Vocational Rehabilitation or Children and Family Services? _____

Are you involved with Head Start or Early Head Start? _____

Describe any legal or custody concerns: _____

Describe what you use for dependable transportation: _____

Do you have family or friends nearby that could help in times of need? _____

Who is watching your children now? _____

*Are you or your children in danger of physical, emotional or sexual abuse? _____

*Have you or your children ever felt threatened by another person? _____

Do you have any problems with drug or alcohol abuse? _____

Are you responsible for caring for a disabled person daily? _____

(*see on the back)

* The following questions are suggested for use in screening applicants for TAF assistance (see KEESM 1412.3 and 2244).

1. Are your children currently being threatened, hurt or harmed in any way by someone in your life (harm can include things like stalking or threatening to hurt you, your children, your pets, or other family or friends, pushing, grabbing, shoving, slapping, hitting, choking or holding you down; constantly putting you down or telling you that you are worthless; any kind of unwanted sexual contact)?
2. Are you needing assistance now because working, looking for a job, or going to school may put you or your children in danger of physical, emotional or sexual abuse?
3. Are you needing assistance now because you are having a hard time dealing with past abuse (for instance, are you scared, depressed, afraid to leave the house to look for a job or go to school or are you seeing a therapist about the abuse)?
4. While you were on assistance before, did you spend time trying to deal with or escape from someone who was threatening, hurting, or harming you or your children (for instance, were you in a shelter, did you lose your home, have to move, or have to quit a job or school)?